


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90003 031 ****70.00

DOCUMENT # N95000004104 1. Entity Name HOUSE OF HOPE OF ALACHUA COUNTY, INC.					
Principal Place of Business 2005 E UNIVERSITY AVE GAINESVILLE, FL 32641 US			Mailing Address P.O. BOX 12113 GAINESVILLE, FL 32604-0113 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3336745	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARMSTEAD, VIVIAN 2601 NW 55 BLVD GAINESVILLE, FL 32653				Name <u>Thomas Johnson</u> Street Address (P.O. Box Number is Not Acceptable) <u>2005 E University Ave</u> City <u>Gainesville</u> <u>FL</u> Zip Code <u>32641</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Thomas Johnson</u> <u>Executive Director</u> <u>2-1-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERRY, KEITH P.O. BOX 15598 GAINESVILLE, FL 32604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HELMS, SCOTT P.O. BOX 2195 ALACHUA, FL 32616	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Bakos Thomas 9983 SW 98th Ter Gainesville FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WYDER, GARY 2702 NW 52ND AVE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTRELL, FRED P.O. BOX 14282 GAINESVILLE, FL 32604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Cantrell, Fred Po Box 14282 Gainesville FL 32604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOYD, JERRY 2601 NW 55 BLVD GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gary Wyder DS</u> <u>2-1-07</u> <u>352 377-0058</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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